

12. Please answer each question by estimating the degree of the patient's ability to do the following on a daily basis.

(a) The patient can:

(i) Sit up to 20 minutes continuously and a total of 2 hours in an 8-hour workday;

(ii) Stand up to 15 minutes continuously and a total of 2 1/2 hrs in an 8-hour workday;

(iii) Walk up to 1 block continuously and a total of 1 hour in an 8-hour workday;

(b) During an entire 8-hour workday:

(i) The patient can lift (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	( )	( )	( )	( )
6-10	( )	( )	( )	( )
11-20	( )	( )	( )	( )
21-25	( )	( )	( )	( )
26-50	( )	( )	( )	( )
51-100	( )	( )	( )	( )

(ii) The patient can carry (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	( )	( )	( )	( )
6-10	( )	( )	( )	( )
11-20	( )	( )	( )	( )
21-25	( )	( )	( )	( )
26-50	( )	( )	( )	( )
51-100	( )	( )	( )	( )

(iii) The patient can:

	Not at all	Occasionally	Frequently	Continuously
Bend	( )	( )	( )	( )
Squat	( )	( )	( )	( )
Crawl	( )	( )	( )	( )
Climb	( )	( )	( )	( )
Reach	( )	( )	( )	( )

\*Occasionally equal 1% to 33%, frequently equals 34% to 66% continuously equals 67% to 100%.

(v) The patient can use hands for repetitive action such as:

	<u>Simple Grasping</u>	<u>Pushing and Pulling of Arm Controls</u>	<u>Manipulation</u>
Right	( <input checked="" type="checkbox"/> ) Yes ( ) No	( <input checked="" type="checkbox"/> ) Yes ( ) No	( <input checked="" type="checkbox"/> ) Yes ( ) No
Left	( <input checked="" type="checkbox"/> ) Yes ( ) No	( <input checked="" type="checkbox"/> ) Yes ( ) No	( <input checked="" type="checkbox"/> ) Yes ( ) No

(v) The patient can use feet for repetitive movements, as in pushing and pulling of leg controls:

<u>Right</u>	<u>Left</u>	<u>Both</u>
( <input checked="" type="checkbox"/> ) Yes ( ) No	( <input checked="" type="checkbox"/> ) Yes ( ) No	( <input checked="" type="checkbox"/> ) Yes ( ) No

13. The patient has restrictions in activities involving:

	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Total</u>
Unprotected heights	( )	( <input checked="" type="checkbox"/> )	( )	( )
Being around moving machinery	( )	( <input checked="" type="checkbox"/> )	( )	( )
Exposure to marked changes in temperature and humidity	( <input checked="" type="checkbox"/> )	( )	( )	( )
Driving a motor vehicle	( <input checked="" type="checkbox"/> )	( )	( )	( )
Exposure to dust, fumes & gases	( <input checked="" type="checkbox"/> )	( )	( )	( )

14. This question applies only if its number is circled. The Social Security Administration has established what is called a "Listing of Impairments." If an individual's impairment is either listed or is determined to be medically the equivalent of a listed impairment the individual is deemed to be disabled. Attached is a copy of that portion of the Listing of Impairments that relates to the patient's complaints. Does the patient have an impairment that meets or equals the Listings of Impairments?

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

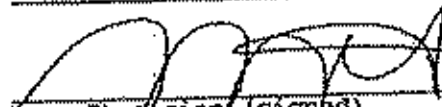
\_\_\_\_\_

15. Can the patient travel alone on a daily basis.

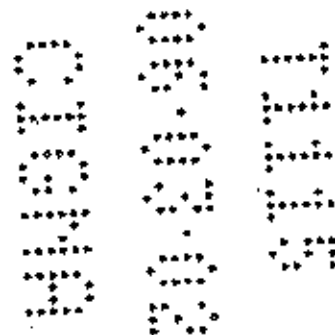
(a) By bus? Yes ☒ No ☐  
(b) By subway? Yes ☒ No ☐

16. Other comments

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\_\_\_\_\_  
Physician (signed)  
Michael M. Alexiades MD  
\_\_\_\_\_  
Physician (print name)  
159 East 74th St NY NY 10021  
\_\_\_\_\_  
Address  
212-734-1288  
\_\_\_\_\_  
Telephone Number

Date 2-7-02



**PHYSICIAN'S REPORT FOR CLAIM OF  
DISABILITY DUE TO PHYSICAL IMPAIRMENT**

Patient's Name: Shawn Allen  
 Patient's Address: 3800 Wadsworth Avenue  
Bronx, NY 10467

SSN 094-44-9642

Physician: Keith Roth, M.D.

Please answer each of the following questions about the patient. They concern the patient's claim of entitlement to disability benefits under the Social Security Act. Since this form will be used by the Social Security Administration in deciding if the patient is disabled, please make sure that it is legible and that every question is answered completely. If a question is not applicable to the patient, please so indicate.

1. Give first and last dates of treatment and the average frequency of treatment:

1/01/00 to last seen 7/04/00 with Dr. Keith Roth for chronic pain.

2. Describe in detail the patient's symptoms (complaints, including pain).

Chronic back pain - constant - 8/10 - radiating down legs.  
Neck pain 7/10 - occasional 11/10 - arm 7/10

3. Describe in detail the patient's signs (clinical findings).

⑦ Read your book 1/5

1 p. 22/10 2/10/10 2/10/10

4/ 2000 2000

⑫ Sept 1945 NY 1-15

4. Give the laboratory tests and results.

MRSC      2/20/73      2.052660

5. Diagnoses: ex/s, symphyseal, WNL, cephal, strab

6. Prognosis

unlikely or severe motor injury

7. Have any of the patient's medical conditions lasted or can any be expected to last at least twelve months?

Yes ✓ No       

8. Does the patient have to lie down during the day?

Yes ✓ No        If yes, for how long and for what reasons?

1/2 - 2 hours up or 3 times daily

9. Describe the treatment the patient has received:

physical therapy  
epidural injections  
and gabapentin  
acupuncture

10. Give the medications prescribed for the patient, including the dosage.

*see cont.*

Do any of the medications have any side effects or limit the patient's activities?

Yes        No   *no*   If yes, explain:       

11. Does or could any condition cause the patient pain?

Yes   *no*   No        If yes, explain       

*TV cont./pys. see history on 5/5 3/20/07*

If yes, does any medication affect the patient's pain and how does it affect the pain?

*no other cont. decrease in pain on p. 10/10/07*



12. Please answer each question by estimating the degree of the patient's ability to do the following on a daily basis.

(a) The patient can:

(i) sit up to 20 min continuously and a total of 2 hr in an 8-hour workday;

(ii) stand up to 15 min continuously and a total of 1 hr in an 8-hour workday;

(iii) Walk up to 1 1/2 mi continuously and a total of 1 hr in an 8-hour workday;

(b) During an entire 8-hour workday:

(i) The patient can lift (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	( )	( )	( )	( )
6-10	( )	( )	( )	( )
11-20	( )	( )	( )	( )
21-25	( )	( )	( )	( )
26-50	( )	( )	( )	( )
51-100	( )	( )	( )	( )

(ii) The patient can carry (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	( )	( )	( )	( )
6-10	( )	( )	( )	( )
11-20	( )	( )	( )	( )
21-25	( )	( )	( )	( )
26-50	( )	( )	( )	( )
51-100	( )	( )	( )	( )

(iii) The patient can:

	Not at all	Occasionally	Frequently	Continuously
Bend	( )	( )	( )	( )
Squat	( )	( )	( )	( )
Crawl	( )	( )	( )	( )
Climb	( )	( )	( )	( )
Reach	( )	( )	( )	( )



\*Occasionally equals 14 to 33%, frequently equals 34% to 66% continuously equals 67% to 100%:

(v) The patient can use hands for repetitive action such as:

	Simple Grasping	Pushing and Pulling of Arm Controls	Manipulation
Right	( ) Yes ( ) No	(X) Yes ( ) No	(X) Yes ( ) No
Left	(X) Yes ( ) No	(X) Yes ( ) No	( ) Yes ( ) No

(v) The patient can use feet for repetitive movements, as in pushing and pulling of leg controls:

Right	Left	Both
(X) Yes ( ) No	(X) Yes ( ) No	(X) Yes ( ) No

13. The patient has restrictions in activities involving:

	None	Mild	Severe	Total
Unprotected heights	( )	(X)	( )	( )
Being around moving machinery	( )	(X)	( )	( )
Exposure to marked changes in temperature and humidity	(X)	( )	( )	( )
Driving a motor vehicle	(X)	( )	( )	( )
Exposure to dust, fumes & gases	( )	( )	( )	( )

(14) This question applies only if its number is circled. The Social Security Administration has established what is called a "listing of impairments." If an individual's impairment is either listed or is determined to be medically the equivalent of a listed impairment, the individual is deemed to be disabled. Attached is a copy of that portion of the listing of impairments that relates to the patient's complaint. Does the patient have an impairment that meets or equals the listing of impairments?

If yes, explain

yes, spinal stenosis and peripheral neuropathy  
1.05 # (C)

15. Can the patient travel alone on a daily basis:

(a) By bus? Yes ✓ No         
 (b) By subway? Yes        No       

16. Other comments

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[Signature]  
 Physician (signed)

Date 2/12/02

Karel Raul  
 Physician (print name)

505 E 70th St NY, NY 10021  
 Address

212 746 2379  
 Telephone Number

030303  
 030303  
 030303

**PHYSICIAN'S REPORT FOR CLAIM OF  
DISABILITY DUE TO PHYSICAL IMPAIRMENT**  
SSN: 099-44-9648

Patient's Name: Steven Alfano  
Patient's Address: 3800 Waldo Avenue  
Bronx, New York 10463

Dear Doctor Alexiades:

Please answer each of the following questions about the patient. They concern the patient's claim of entitlement to disability benefits under the Social Security Act. Since this form will be used by the Social Security Administration in deciding if the patient is disabled, please make sure that it is legible and that every question is answered completely. If a question is not applicable to the patient, please so indicate.

1. Give start and last dates of treatment and the average frequency of treatments.

5/15/96 through 7/31/01

2. Describe in detail the patient's symptoms (complaints, including pain):

① leg pain and numbness with numbness  
back pain

3. Describe in detail the patient's signs (clinical findings).

① Strongest leg muscle  
Weakness on walking on toes

4. Give the laboratory tests and results.

MRI - ① for L5/S1 spondylolisthesis with  
② L5 nerve root impingement  
+ stenosis

5. Diagnosis.

L5/S1 spondylolisthesis with stenosis  
and radiculopathy

6. Prognosis

*Good*

7. Have any of the patient's medical conditions lasted or can any be expected to last at least twelve months?

Yes

No

8. Does the patient have to lie down during the day?

Yes

No

IF yes, for how long and for what reasons?

reasons?

*variable 20 per*

9. Describe the treatment the patient has received.

*Physical Therapy  
Epidural injections  
anti-inflammatory*

10. Give the medications prescribed for the patient, including the dosage.

OTC NSAIDs

Do any of the medications have any side effects or limit the patient's activities?

Yes \_\_\_\_\_

No ☒

If yes, explain. \_\_\_\_\_

11. Does or could any condition cause the patient pain?

Yes ☒

No \_\_\_\_\_

If yes, explain see above

If yes, does any medication affect the patient's pain and how does it affect the pain?

Temporary decrease in pain

12. Please answer each question by estimating the degree of the patient's ability to do the following on a daily basis.

(a) The patient can:

(i) Sit up to \_\_\_\_\_ continuously and a total of \_\_\_\_\_ in an 8-hour workday;

(ii) Stand up to \_\_\_\_\_ continuously and a total of \_\_\_\_\_ in an 8-hour workday;

(iii) Walk up to \_\_\_\_\_ continuously and a total of \_\_\_\_\_ in an 8-hour workday;

(b) During an entire 8-hour workday:

(i) The patient can lift (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	( )	( / )	( )	( )
6-10	( / )	( )	( )	( )
11-20	( / )	( )	( )	( )
21-25	( / )	( )	( )	( )
26-50	( / )	( )	( )	( )
51-100	( / )	( )	( )	( )

(ii) The patient can carry (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	( )	( / )	( )	( )
6-10	( / )	( )	( )	( )
11-20	( / )	( )	( )	( )
21-25	( / )	( )	( )	( )
26-50	( / )	( )	( )	( )
51-100	( / )	( )	( )	( )

(iii) The patient can:

	Not at all	Occasionally	Frequently	Continuously
Bend	( / )	( / )	( )	( )
Squat	( / )	( / )	( )	( )
Crawl	( / )	( / )	( )	( )
Climb	( / )	( / )	( )	( )
Reach	( / )	( / )	( )	( )



\*Occasionally equal 1% to 33%, frequently equals 34% to 66% continuously equals 67% to 100%.

(v) The patient can use hands for repetitive action such as:

	Simple Grasping	Pushing and Pulling of Arm Controls	Manipulation
Right	( <input checked="" type="checkbox"/> ) Yes ( <input type="checkbox"/> No)	( <input checked="" type="checkbox"/> ) Yes ( <input type="checkbox"/> No)	( <input checked="" type="checkbox"/> ) Yes ( <input type="checkbox"/> No)
Left	( <input checked="" type="checkbox"/> ) Yes ( <input type="checkbox"/> No)	( <input checked="" type="checkbox"/> ) Yes ( <input type="checkbox"/> No)	( <input checked="" type="checkbox"/> ) Yes ( <input type="checkbox"/> No)

(v) The patient can use feet for repetitive movements, as in pushing and pulling of leg controls:

Right	Left	Both
( <input checked="" type="checkbox"/> ) Yes ( <input type="checkbox"/> No)	( <input checked="" type="checkbox"/> ) Yes ( <input type="checkbox"/> No)	( <input checked="" type="checkbox"/> ) Yes ( <input type="checkbox"/> No)

13. The patient has restrictions in activities involving:

	None	Mild	Moderate	Total
Unprotected heights	( )	( <input checked="" type="checkbox"/> )	( )	( )
Being around moving machinery	( )	( <input checked="" type="checkbox"/> )	( )	( )
Exposure to marked changes in temperature and humidity	( <input checked="" type="checkbox"/> )	( )	( )	( )
Driving a motor vehicle	( <input checked="" type="checkbox"/> )	( )	( )	( )
Exposure to dust, fumes & gases	( <input checked="" type="checkbox"/> )	( )	( )	( )

14. This question applies only if its number is circled. The Social Security Administration has established what is called a "Listing of Impairments." If an individual's impairment is either listed or is determined to be medically the equivalent of a listed impairment the individual is deemed to be disabled. Attached is a copy of that portion of the Listing of Impairments that relates to the patient's complaints. Does the patient have an impairment that meets or equals the Listing of Impairments?

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Can the patient travel alone on a daily basis.

(a) By bus? Yes      No       
(b) By subway? Yes      No     

16. Other comments

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\_\_\_\_\_

Michael A. Alexiades, MD  
Physician (signed)  
Michael A. Alexiades, MD  
Physician (print name)  
159 East 74th St  
Address  
212-234-1288  
Telephone Number

Date 5-10-01

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0 3 7  
0 3 7

LAW OFFICES OF  
**ADAM S. COHEN**  
81 MAIN STREET, SUITE 300  
WHITE PLAINS, NEW YORK 10601

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ADAM S. COHEN\*

DONALD H. SILVERMAN  
ROBIN A. BIKHAL  
OF COUNSEL

1015 GRAND CONCOURSE  
BROOKLYN, NY 10432

9 W. PROSPECT AVENUE  
MT. VERNON, NY 10550

April 15, 2002

\*ADMITTED IN NY AND CT

Kennifer Houghton  
Case Manager  
Integrated Claim Services  
CIGNA Group Insurance  
Routing 1760  
255 East Avenue  
Rochester, NY 14604-2624

Re: Steven Alfano  
SS #: 099-44-9648  
Policy #: NYK 1972  
Policy Holder: Weill Medical College  
Underwriters: CIGNA Life Insurance Co. of America

Dear Ms. Houghton:

This letter is written in further support of the claim of Steven Alfano for Long-Term Disability benefits under policy number NYK 1972. It is our contention that Mr. Alfano has been and continues to remain totally disabled since he stopped working on June 5, 2000.

In accordance with your definition of disability, Steven Alfano will be considered disabled if, because of injury or illness, he is unable to perform the material duties of his regular occupation, or if he is earning less than 80% of his Indexed Covered Earnings.

It is undisputed that Steven Alfano last worked as a Manager of Compensation on June 5, 2000. This is, in essence, a sedentary position. After he ceased working, Mr. Alfano completed a disability questionnaire form for your office wherein he complains of constant back pain and numbness. He also indicates that he suffers from a dropped left foot. As a result of these problems Mr. Alfano is unable to sit, stand or walk for any amount of time, and he must frequently lie down to rest his back. Mr. Alfano states that his condition is aggravated by sitting, which produces pain and numbness. He further indicates that his injuries are degenerative in nature and that he applied for Social Security Disability benefits because he does not anticipate being able to return to work.

On June 9, 2000 Mr. Alfano had an MRI of the lumbar spine performed which shows that he suffers from moderate-to-severe L5-S1 spondylosis with disc space narrowing, disc desiccation, a degenerative type III end-plate marrow change, an annular disc bulge, facet osteoarthritis and a prominent posterolateral osteophyte formation. The MRI also reveals

impingement on the inferior aspect of the exiting L5 nerve root and moderate spinal stenosis. A copy of the MRI report is enclosed herewith.

Mr. Alfano has also undergone EMG/NCV studies of his lower back on July 20, 2000. These tests were performed by Andrew Schiff, M.D. This study shows that Mr. Alfano suffers from an L5-S1 lumbar radiculopathy. The physical examination associated with the EMG/NCV test demonstrates that he has an antalgic gait, cannot walk on his heels and toes and has decreased sensation in the left lower extremity. A copy of these records is annexed hereto.

A second MRI was performed on Mr. Alfano on August 18, 2001. This MRI confirms the L5-S1 spondylosis and the stenosis at that level of the spine. It also shows mild L4-5 spinal stenosis and impingement on the thecal sac at the L5-S1 level of the spine as well. The MRI further demonstrates moderate facet osteoarthritis and narrowing of the neural foramen at the L4-5 level of the spine. A copy of this MRI report is enclosed herewith.

Mr. Alfano's claim for disability benefits is further strengthened by the reports of his treating doctors. Michael M. Alexiades, M.D., one of Steven Alfano's treating physicians, indicates in a report dated June 20, 2000 that Mr. Alfano is unable to work and will not be able to do so until at least August 5, 2000. A copy of Dr. Alexiades' report is enclosed herewith.

The records of James C. Farmer, M.D., formerly Mr. Alfano's treating spinal surgeon, also show that he is totally disabled. Dr. Farmer states that in April of 2000 Mr. Alfano's back "went out" and he began to experience severe pain. This pain apparently radiates down Mr. Alfano's leg into his posterior thigh and posterior calf. Dr. Farmer's records also indicate that Mr. Alfano suffers from numbness "in his entire foot." His leg pain can be worse than his back pain, and his left leg is worse than his right leg. In fact, Dr. Farmer finds that Mr. Alfano suffers from "fatigue" in his left leg. Dr. Farmer further notes that Mr. Alfano's back pain increases with prolonged sitting, standing and walking, and the pain significantly limits Mr. Alfano. Dr. Farmer opines that because of the severely limited range of motion in his low back with its concomitant left leg weakness, Mr. Alfano may need to undergo lumbar fusion surgery. Certainly, if Mr. Alfano's condition is so severe that surgery is a strong possibility, this supports his argument that he is disabled and unable to perform his occupational duties.

We also enclose two reports from Dr. Alexiades which clearly demonstrate that Mr. Alfano is totally disabled and entitled to benefits. The first report is dated May 10, 2001. In that report Dr. Alexiades states that Mr. Alfano suffers from L5-S1 spondylosis with stenosis and radiculopathy. He suffers from back pain, left leg pain and numbness due to this condition, and demonstrates a positive straight leg raising test as well as weakness in his leg. His prognosis is poor, and he must lie down during the day because of the pain. Dr. Alexiades notes that he has already undergone physical therapy, epidural injections and anti-inflammatory medication, all without success. Dr. Alexiades indicates in this report that Mr. Alfano can only occasionally lift or carry a maximum of ten pounds and can never lift anything on a frequent basis. He further cannot bend, crawl or climb and can only occasionally squat or reach for items. With these limitations as noted by Dr. Alexiades, there is no way that Mr. Alfano can perform his job duties. He therefore must be found disabled and entitled to benefits.

The second report we have submitted from Dr. Alexiades, dated February 7, 2002, confirms the findings of the May 10, 2001 report in every way. In this report Dr. Alexiades again indicates that Mr. Alfano must lie down during the day, stating that this must be done two or three times per day for one-half to two hours each time. He opines that Mr. Alfano can only sit for 20 minutes continuously and a maximum of two hours in an eight hour workday; stand only 15

minutes continuously and a maximum of less than one and one half hours in an eight hour workday, and walk for one block continuously and less than one hour in an eight hour workday. He also states that Mr. Alfano can only lift or carry a maximum of five pounds occasionally and nothing frequently.

Finally, we submit the February 12, 2002 report of treating physician Keith Roach, M.D. Dr. Roach's report completely supports all of the findings of Dr. Alexiades. Dr. Roach diagnoses Mr. Alfano as suffering from an L5-S1 spondylosis with spinal stenosis. His examination of Mr. Alfano reveals that he suffers from low back pain with numbness and pain radiating down his right leg, weakness in his legs, decreased patellar reflexes and diminished sensation. Dr. Roach states that Mr. Alfano must lie down three times per day, for up to two hours, because of these conditions. He further states that Mr. Alfano can only sit for 20 minutes continuously and a maximum of two hours in an eight hour workday; stand only 15 minutes continuously and a maximum of one hour in an eight hour workday; and walk for one block continuously and one hour in an eight hour workday. He opines, as does Dr. Alexiades, that Mr. Alfano can only lift or carry a maximum of five pounds occasionally and nothing frequently.

On the basis of these medical reports and records we hereby assert that Steven Alfano is disabled under the terms of policy NYK 1972 and is therefore entitled to Long-Term Disability benefits pursuant to that policy. He certainly has not worked and has been unable to work during the Benefit Waiting Period, as he has not worked since June 5, 2000. This also shows that he has earned less than 80% of his Indexed Covered Earnings, since he has no earnings whatsoever since June 5, 2000. Indeed, it is clear from the medical records that since June 5, 2000 it is not physically possible for Mr. Alfano to have performed work which would have equated at least 80% of his Indexed Covered Earnings.

It is also beyond dispute that he cannot perform all of the material duties of his occupation, and has been unable to do so since June 5, 2000. According to his job description, Mr. Alfano's prior work for your insured was performed at the sedentary level. The United States Department of Labor defines sedentary work as lifting and carrying ten pounds on an occasional basis and five pounds on a frequent basis as well as sitting most of the time. See Selected Characteristics of Occupations Defined in the Revised Dictionary of Occupational Titles (U.S. Department of Labor Employment and Training Administration 1993).

The medical evidence establishes that Mr. Alfano cannot frequently perform any lifting or carrying, and has been unable to do so since June of 2000. The numerous reports from Dr. Alexiades and Dr. Roach amply display that he has not been able to do such activities since at least June 20, 2000 (the date of Dr. Alexiades's first report). Additionally, the reports from these physicians indicate that he cannot even lift ten pounds occasionally, as is required to perform his work. These documents also display that he cannot sit for more than two hours total during a workday, thus showing that he cannot perform the sitting requirements for his job.


Wherefore, based on the medical records submitted with this letter, we hereby request that you find Steven Alfano totally disabled as of June 5, 2000, and entitled to benefits as of the expiration of the Benefit Waiting Period.

Additionally, you may be aware that as of April 1, 2001 Mr. Alfano converted his group Long-Term Disability coverage to a personal disability plan. The Certificate Number of that plan is GKC 700835. We hereby demand, without prejudice to this claim in any way, that CIGNA also find him disabled pursuant to the terms of the individual plan as well as the NYK 1972 policy, and grant him benefits immediately under that plan.



If you need any additional information regarding this matter, please contact the undersigned. We kindly request that you forward your decision to this office and Mr. Alfano once it has been made.

Very truly yours,

  
Adam S. Cohen, Esq.

ASC/ac

cc: Steven Alfano  
Scott D. Paules, Individual Conversion Unit

Enc.

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R01 : 5000 SPORTS MEDICINE

FAX NO. : 212 2881524

Jun. 22 2000 09:33AM P2

Page 1 of 2

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June 12, 2000

MICHAEL ALEXIADES, MD

Patient: **ALBANO, STEVEN**  
**MRI LUMBAR SPINE**

ID: 139521

200006081395211

**MRI OF THE LUMBAR SPINE 6/9/2000:**

Sagittal and coronal proton density, sagittal T1 and T2 FSE weighted images of the lumbar spine with axial proton density weighted images of L1-2 through L5-S1 were obtained on a 1.5 Tesla

MRI unit.

42 year-old with low back pain and left-sided radiculopathy. There are no prior studies for comparison.

There is normal lumbar lordosis and alignment. There are no fractures or subluxations. There is moderate-to-severe L5-S1 spondylosis with disc space narrowing, disc desiccation, degenerative type III end-plate marrow change and prominent posterolateral osteophyte formation. The remaining lumbar discs are within normal. Small, benign-appearing hemangiomas are seen within the L4 and L5 vertebral bodies. No destructive marrow lesions are seen. The conus medullaris is at the lower L1 level. There are no abnormalities of the distal thoracic spinal cord or conus medullaris. There are no intraspinal mass lesions. Paraspinal soft tissues are grossly normal.

At the L1-2 through L4-5 levels, there are no disc protrusions, significant disc bulges, spinal stenosis or neural foraminal narrowing.

At L5-S1, there is annular disc bulge and posterolateral osteophytes and facet osteoarthritis present. There is impingement upon the inferior aspect of the exiting left L5 nerve root seen on the sagittal images. There is moderate spinal stenosis. The right neural foramen is patent.

**IMPRESSION: MODERATE-TO-SEVERE L5-S1 SPONDYLOSIS.**  
**MILD IMPINGEMENT ON THE INFERIOR ASPECT OF THE LEFT L5 NERVE ROOT AS**  
**DESCRIBED ABOVE.**  
**MODERATE L5-S1 SPINAL STENOSIS.**

6/19  
Discussed  
with  
C. L. S.  
[Signature]

MRI  
HIGHFIELD 1.5T • MID FIELD • OPEN MRI  
CAT SCAN  
MEDICAL  
GENERAL X-RAY  
ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY

BONE  
DENSITOMETRY  
FLUOROSCOPY  
MANIPULATION

ULTRASOUND  
NDI

NUCLEAR  
MEDICINE



ELECTROMYOGRAPHY LABORATORY  
DEPARTMENT OF NEUROLOGY  
BETH ISRAEL MEDICAL CENTER  
NEW YORK, NEW YORK

NAME	ALFANO, STEVEN
SOCIAL SEC #	099-44-9648
EXAM DATE	07/20/2000
REFERRING PHYS	Andrew Schiff, M.D.

AGE	42	HEIGHT INCHES	76	WEIGHT	32	SEX	Male
-----	----	---------------	----	--------	----	-----	------

**History:** Mr. Alfano is a 42-year-old man referred for possible left lumbosacral radiculopathy. Two months ago, he made a sudden movement and felt sudden lower back pain and stiffness. A few days later, he began to feel radiation of the pain into the left buttock, posterior thigh to the ankle.

He has had lower back pain intermittently for many years since a car accident in 1997. Since that time, he has intermittently noted some weakness in his left leg, particularly in the calf when pushing off with his foot. Occasionally, he thought there was some weakness in the anterior thigh. Sitting for a long time aggravates the pain. Sitting slightly flexed and hunched over was partially alleviating. He also had pain while lying down at night in the posterior thigh. For four months, he has had some urinary retention and erectile dysfunction. He saw a urologist who found no abnormalities.

He recently saw an orthopedic surgeon. He had an MRI of his lumbosacral spine which showed spondylosis and stenosis at L5/S1, with impingement of the left L5 nerve root at the lateral recess. He has had two epidural steroid injections, which have provided only mild benefit. A third and final one was planned. Constitutional symptoms, such as weight loss, fever, and rash, were absent.

**Past Medical History:** Migraines, hypertension, reflux esophagitis.

**Drug Allergies:** Codeine caused headache (aggravation of migraines) and nausea.

**Social History:** Works for human resources. Does desk work. He has been out of work since the beginning of June (a month and a half).

**Family History:** No history of diabetes.

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ALFANO, STEVEN  
07/20/2000

Medications: Imitrex p.r.n., Norvasc, Prevacid.

Review of Systems: See above. No diabetes. No recent trauma. Other systems were reviewed and were negative.

General Examination: Appearance: Appeared well, in no distress. Integument: No dermatomal eruptions in the legs. Neck: Supple. Extremities: No clubbing, cyanosis or edema. Straight-leg raising was negative bilaterally. Patrick's maneuver was, also, negative bilaterally.

#### Neurologic Examination:

Mental Status: Alert and oriented x 3. Fluent speech. He gave a detailed description of his symptoms and recalled dates well.

Cranial Nerves: Extraocular movements intact. Face symmetric.

Motors: No atrophy, fasciculations, or pronator drift. Strength was 5/5 in all groups, although there was some give-way in left plantar and dorsiflexion of the foot and toes. Strength seemed normal.

Gait: Slightly antalgic. Able to stand, but not walk, on his heels and toes; this was painful.

Coordination: Finger-to-nose and tandem gait steady.

Sensory: Negative Romberg. Pin was diminished in the left lateral border of the foot. Vibration was impaired in the great toes bilaterally. Pin and vibration were, otherwise, intact.

Reflexes: Reflexes 2+ throughout. Plantar responses were flexor bilaterally.

Electrophysiologic Findings: Bilateral peroneal and tibial motor conduction studies were normal. Left tibial and bilateral peroneal F-wave minimal latencies were prolonged. Right tibial F-wave minimal latencies were normal. Bilateral sural and peroneal sensory responses were normal. Bilateral tibial H-reflex latencies were prolonged. Needle EMG of bilateral gluteus maximus, left leg, and lumbosacral paraspinal muscles showed no spontaneous activity. There was borderline decreased recruitment in the left tibialis anterior and quadriceps muscle, but motor unit potential morphology was normal throughout.

Clinical/Electrophysiologic Impression: There were nonspecific neurogenic abnormalities in both legs of uncertain significant. Late responses were prolonged bilaterally. These findings did not clearly differentiate bilateral L5/S1 radiculopathies from mild polyneuropathy. There was not definitive electrophysiologic evidence of either.


Taken together, the clinical and electrophysiologic features suggest

CLICNY 0324

ALFANO, STEVEN  
07/20/2000

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✓ the patient has left S1, more than L5, radiculopathy. There was no associated weakness or reflex change. Further conservative management is planned at this point. He will follow up for a third epidural injection. In the interim, he was told to stop the Motrin and to start Papaver 25 mg p.o. q.h.s., to be increased to 50 mg p.o. q.h.s. in seven days, and to 75 mg p.o. q.h.s. at the end of two weeks, if tolerated. He was also started on Ultram one or two tablets p.o. q.i.d. p.r.n. pain. The side effects of the medicine were fully explained. He will hold off exercising for now. He was told that he could return to work, and that he should get up from his desk a few times an hour to stretch and walk around. He was also told he should avoid lifting anything heavy (greater than ten pounds). The patient will see me in followup in six weeks. I requested that he try to bring a copy of his MRI of lumbosacral spine films, if available.

  
Stephen Scelca, M.D.  
Director of the Neuromuscular Division  
Assistant Professor of Neurology

SS/TL975/01190  
T: 07/21/2000

07/21/2000

Motor Nerve Conduction						
Nerve	Latency ms	Amp mV	Dur ms	Dist mm	Vel m/sec	Comment
R. Peroneal Ankle-EDB	4.26	4.2	7.32			NI
R. Tibial Ankle-AH	4.00	11.3	6.40			NI
L. Tibial AK-AH	4.04	12.1	6.82			NI
L. Tibial Pop-AH	15.1	9.6	7.80	920.0	46.8	NI
L. Peroneal AK-EDB	5.82	7.4	6.75			NI
L. Peroneal BFH-EDB	14.3	6.5	8.04	920	49.5	NI
L. Peroneal AFH-AK	16.2	6.3	8.16	91	48	NI

F-Waves			
Nerve	Latency(ms)		Comment
	Min	Max	
R. Peroneal EDB	59.0		1 Lat
R. Tibial AH	58.2	63.6	NI
L. Tibial AH	59.7	63.0	1 Lat
L. Peroneal EDB	58.9	61.8	1 Lat

Sensory Nerve Conduction						
Nerve	Latency	Amp uV	Dur	Distance cm	Velocity m/s	Comment
L. Peroneal Leg-Dorsum F1	2.69	10.1	3.12	130.0	48.3	NI
R. Sural Calc-LatMal	3.50	16.9	1.95	160.0	45.7	NI
L. Sural Calc-LatMal	3.30	17.2	1.71	150.0	45.5	NI
R. Peroneal Leg-Dorsum F1	2.42	8.11	1.94	120.0	49.6	NI

Alfano, Steven. 099449648

July 20, 2000



H Reflex			
Nerve	Latency ms	Amplitude uV	Comment
L. Tibial H Reflex	36.5		† Lat
R. Tibial H Reflex	38		† Lat

Routine Needle EMG Examination								
Muscle	Fib PSW	Fasc	Mix	MUP			Rec Pat	Comment
				Amplitude	Duration	Phase		
L. Glut Max	0	0						NI
L. Quad	0	0		NI	NI	NI	Normal	NI
L. Tib Ant	0	0		NI	NI	NI	Normal	NI
L. Per Longus	0	0		NI	NI	NI	Normal	NI
L. Gastroc	0	0		NI	NI	NI	Normal	NI
L. L. PSpinal L4,5	0	0						NI
L. L. PSpinal L5, S1	0	0						NI
R. Glut Max	0	0						NI

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Alfano, Steven, 099449648

July 20, 2000



## LINDA HILL RADIOLOGY &amp; MEDICAL IMAGING ASSOCIATES P.C.

61 East 77th Street

New York, NY 10021

TEL: 212-712-3111

FAX: 212-200-1637

TEL: 212-861-3796

www.lindahillradiology.com

JAMES C FARMER, MD

Patient: ALFANO, STEVEN

ID: 139523

20010817551501395211

MRI OF THE LUMBAR SPINE 8/18/01

Sagittal and coronal proton density, sagittal T1 and T2 FSE weighted images of the lumbar spine with axial proton density weighted images of L1-2 through L5-S1 were obtained on a 1.5 Tesla MRI unit. 43 year-old with chronic low back pain and bilateral radiculopathy. Comparison is made to report of prior study 6/9/00.

There is normal lumbar lordosis and alignment. There are no fractures or subluxations. There is moderate-to-severe L1-S1 spondylosis with disc space narrowing, disc desiccation, degenerative type II end-plate marrow change and vacuum disc phenomena. The remaining lumbar intervertebral discs are normal. There are no destructive marrow processes. Small, typical hemangiomas are seen within the L4 and L5 vertebral bodies. The conus medullaris is at the approximate L1-2 level. There are no abnormalities of the distal thoracic spinal cord or conus medullaris. There are no intraspinal mass lesions. The paraspinal soft tissues are grossly normal.

At L1-2 through L3-4, there are no disc protrusions, significant disc bulges spinal stenosis or neural foramina narrowing.

At L4-5, there is mild/moderate disc bulge and moderate facet osteoarthritis. There are mild developmentally shortened pedicles and mild spinal stenosis. There is also mild narrowing of both neural foramina. This shows slight interval increase.

At L5-S1, there is a prominent posterior disc osteophyte complex impinging upon the anterior thecal sac causing moderate spinal stenosis. This disc osteophyte complex measures 8 mm cephalocaudad x 7 mm AP x 28 mm transverse dimension. This has shown slight interval increase in size by report. However direct comparison to prior study is suggested for interval change. There is moderate facet osteoarthritis and mild/moderate left sided neural foramina narrowing.

## IMPRESSION:

1. MODERATE-TO-SEVERE L1-S1 SPONDYLOSIS.

2. POSTERIOR DISC OSTEOPHYTE COMPLEX AT L5-S1 CAUSING MODERATE SPINAL STENOSIS.

3. MILD L4-5 SPINAL STENOSIS.

Thank you for referring this patient.

Electronically Signed By:

William Loebe, MD

8/18/01

MRI  
HIGHFIELD 1.5T - NO FIDELIO - OPEN MRICAT SCAN  
HELICALULTRASOUND  
B/DINUCLEAR  
MEDICINE

GENERAL XRAY

FLUOROSCOPY

MAMMOGRAPHY

BONE DENSITOMETRY

ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY  
MRI - ULTRASOUND - MAMMOGRAPHY

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Fax: 212-746-0983HSALEXTADESMDPC  
Fax: 212-746-0983

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JOAN AND SANFORD L. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY  
Human Resources Department  
445 East 59th Street, Room 275  
New York, New York 10021  
(212) 746-1197 Fax: (212) 746-0983

## Medical Certification for Family and Medical Leave

Name (Last, First, Middle Initial) <b>ALFANO, STEVEN</b>	Social Security Number <b>099-44-9648</b>	Room No. <b>OH-220</b>
Position <b>WAGE &amp; SALARY MGR</b>	Dept. / Div. <b>HUMAN RESOURCES</b>	Extension <b>61038</b>
Employee's Signature <i>[Signature]</i>		Date <b>7/5/00</b>

To be completed by an authorized health care provider. The information sought on this form relates only to the condition for which the employee is taking FMLA Leave.

The attached Description of Serious Health Condition describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition qualify under any of the categories described? If so, please check the applicable category.

(1) ☐ (2) ☐ (3) ☐ (4) ☒ (5) ☐ (6) ☐ or None of the above  
Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria for one of these categories:

Date patient will be/has been unable to work because of this condition **7/2/00** Probable Date Termination of this condition will end **8/5/00\***

Date patient will be able to return to work **8/5/00\* OR PENDING NEUROLOGIST EXAM**

Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including the treatment described below)? Yes ☒ No ☐

If yes, give the probable duration **un determined**

If the condition is a pregnancy (condition #3) or chronic condition (condition #4), state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity:

057 1/98 (Rev.)

Continued on the reverse



From: Steven Altano To: Valerie Gubren

Date: 6/22/00 Time: 9:32 AM

Page 4 of 4

FROM : SAGA SPORTS MEDICINE

FAX NO. : 212 2881524

Jun. 21 2000 02:23PM P2

Date: 6/22/00 Time: 12:47 PM

Page 3 of 4

If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments: approximately 3

If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide any estimate of the probable number and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any: 3-4 days

If any of these treatments will be provided by another provider of health service (e.g., physical therapist), please state the nature of the treatment: epidural injections

If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment): \_\_\_\_\_

Is employee able to perform work of any kind? (If "No", skip the next question) Yes ☐ No ☒

Is employee able to perform any one or more of the functions of the employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or if none provided, after discussing with employee.) Yes ☐ No ☐ If Yes, list the essential function the employee is unable to perform: no lifting, Prolonged Standing / sitting

If neither of the above statements apply, is it necessary for the employee to be absent from work for treatment? Yes ☒ No ☐

Print Name of Health Care Provider <u>Michael M. Alexiades MD</u>	Type of Practice or Specialty <u>Orthopedics</u>	Date <u>6/22/00</u>
Signature of Health Care Provider <u>[Signature]</u>	Telephone Number <u>212-734-1288</u>	
Address <u>159 East 74th St NY NY 10021</u>		

This form should be submitted to the Human Resources Department - Weill Medical College  
at the above address.

JAMES C. FARMER, M.D.

JAMES C. FARMER, M.D.

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PAGE: 2-8

NOV 21 2008 11:11 AM

JAMES C. FARMER, M.D.  
Hospital for Special Surgery  
635 E. 70th St.  
New York, N.Y. 10021

Alfano, Steven  
August 31, 2000

D.O.B.:  
MR#:

Mr. Alfano is a 42 year old male who reports he has had a long history of intermittent low back pain. In April of this year, his back went out and he began to experience pain that was severe. He notes that prior to the episode in April, he felt that his low back pain had overall increased in severity for the last 2 years or so. He has also noted some leg pain involving his posterior thigh and posterior calf. He at times has felt some numbness in his entire foot. Overall, he notes that his leg pain is worse than his low back pain and that the left leg is significantly worse than the right. He reports he has had episodes of occasional urinary retention in the past and saw a urologist who did not recommend any treatment. His bowel function is normal. He notes his pain is made better with rest and is made worse with prolonged sitting, standing and walking. His treatment to date has consisted of Vioxx, Nortriptyline and physical therapy in the past and recent epidural steroid injections which gave him some day relief of pain.

Past Medical History: Significant for borderline hypertension and migraines.

Past Surgical History: Non-contributory.

Medications: Vioxx, Nortriptyline and Norvase.

Allergies: He has a drug allergy to Codeine.

Family History: Significant for colon cancer in his father and hypertension in his mother.

Social History: He has a 25 pack a year smoking history and does not drink.

Review of Systems: Negative in detail.

Physical Examination: Physical examination today reveals a well developed, well nourished male in no acute distress. He walks with a normal gait. Examination of his lumbar spine does not show any skin abnormalities and there is no tenderness to palpation. He is able to forward flex, bring his fingers to within 6 inches of the floor and extend approximately 30 degrees. He laterally bends bilaterally which is symmetric. Neurologically, motor strength is 4/5 in the lower extremities bilaterally with intact sensation. Deep tendon reflexes are 1+ and symmetric in the lower extremities. His toes are downgoing and there is no clonus. Range of motion of the hips is full and painless. Neural tension signs are negative. Dorsalis pedis pulses are 1+ and symmetric.

NOV 21 2000 (TUE) 15:44

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JAMES C. FARMER, M.D.

Alfano, Steven  
August 31, 2000  
Page two

MRH:

**MRI:** An MRI scan of his lumbar spine was reviewed from June 12, 2000. This shows evidence of severe degenerative changes within the disk at L5-S1. There does appear to be some moderate stenosis at this level.

**Impression:** Degenerative disk disease at L5-S1 with bilateral lower extremity pain.

**Recommendations:** At this point, I have reviewed with the patient in detail the nature of the diagnosis of lumbar degenerative disk disease, along with treatment options and risks and benefits. At this point, he has not had any significant conservative management with the exception of the epidural. I do feel that he should undergo some physical therapy to see if this will improve his back and lower extremity symptoms. I have asked that he continue to take the anti-inflammatories. I have asked that he follow up with me in approximately 4-6 weeks time to see how he is doing. Should his symptoms still be persistent at that point, then we will discuss the options available to him.

James C. Farmer, M.D.

JCF/ls



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NOV 21 2000 (TUE) 11:46

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PAGE 1/2

JAMES C. FARMER, M.D.  
Hospital for Special Surgery  
535 E. 70th St.  
New York, N.Y. 10021

Alfano, Steven  
September 14, 2000

D.O.B.:  
MR#:

Mr. Alfano returns today for follow up. He reports that he has performed the physical therapy but has had no improvement whatsoever in his pain and feels that overall the therapy has exacerbated his pain. He does have some intermittent fatigue in the left leg with prolonged walking but notes his primary complaint is his lower back pain. He does feel that at times he has weakness in his tibialis anterior on the left. He denies any bowel or bladder symptoms or night pain.

**Physical Examination:** Today shows his lumbar spine is non-tender to palpation. He does tend to get significant back pain with forward flexion. His neurologic examination is stable. Neural tension signs are negative.

**Impression:** Degenerative disk disease of the lumbar spine with some intermittent radicular symptoms on the left probably secondary to L5 nerve root compression noted on the MRI.

**Recommendation:** At this point, I have reviewed with the patient in detail the nature of the diagnosis of degenerative disk disease and lumbar radiculopathy along with treatment options and risks and benefits. At this point, he reports his back pain is severe and continues to limit him significantly on a daily basis. I do feel it is likely that the pain he is experiencing is from the significant degenerative changes seen at L5-S1. He feels that his pain is severe and continues to limit him on a daily basis and wishes to consider surgical intervention. I have explained to him that I do feel that we would need to obtain a discogram to clearly discern that the L5-S1 disk is the painful level and whether the levels above are normal. After the discogram if it is confirmatory, then I would recommend he have a new MRI as his old one is greater than 3 months old. He is going to have the above performed and will follow up with me afterwards to review it or sooner should he have any questions, problems or concerns.

James C. Farmer, M.D.

JCF/asg

*gr*

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JAMES C. FARMER, M.D.  
Hospital for Special Surgery  
535 E. 70th St.  
New York, N.Y. 10021

Alfano, Steven  
November 7, 2000

D.O.B.:  
MR#:

Mr. Alfano returns today for follow up. He is still having significant low back pain. He does have some lower extremity pain but notes the low back pain is predominant. He denies any change in his bowel or bladder symptoms. He is not having any night pain.

**Physical Examination:** Today shows no change in range of motion of his lumbar spine. His neurologic exam is stable from a motor and sensory standpoint. Neural tension signs are negative.

**Impression:** Low back pain with degenerative disk disease.

**Recommendation:** At this point, the patient wishes to continue with conservative management and wishes to perform more physical therapy, which I think, is reasonable. A prescription was given for this. Additionally, he asked for a renewal for his Vioxx, which was given for 50 mg PO QD PRN. I have asked him to follow up with me when his physical therapy is complete to reevaluate him or sooner should he have any questions, problems or concerns.

James C. Farmer, M.D.

ICF/iss

*Ji*

JAMES C. FARMER, MD  
Hospital for Special Surgery  
535 E. 70th Street  
New York, N.Y. 10021

Alfano, Steven  
February 26, 2001

D.O.B.:  
MR#: 068-94-43

Mr. Alfano returns today for follow up. He reports he has lost 40 lbs. since his last visit with me. He has had no change in his low back pain and notes he is still severely limited. He is having some intermittent pain in his left buttock and posterior thigh. He denies any bowel or bladder symptoms or night pain. He reports his pain is still severe with sitting and that he is currently still taking Vioxx for pain relief. He has not started physical therapy yet.

**Physical Examination:** Physical examination today shows his lumbar spine continues to be nontender. He continues to have severely limited forward flexion due to his pain. Extension is not painful. Neurologically his exam is stable. He continues to have some weakness of the left EHL and tibialis anterior which appear to be give-out with repetitive testing. Deep tendon reflexes are unchanged. Range of motion of the hips is full and painless.

**X-rays:** No new x-rays were obtained today.

**Impression:** Low back pain with left lower extremity symptoms and lumbar degenerative disk disease.

**Recommendations:** At this point I have reinforced with the patient that I do want him to begin the physical therapy and I would also like him to see Neurology again to reevaluate the intermittent weakness he gets in the left leg. I do believe that a significant portion of his symptoms are coming from the degenerative disk disease and if he does not improve with conservative care he may require a lumbar fusion. He understands all of this. All of his questions were answered.

He is going to follow up with me in six weeks time to reevaluate him or sooner should he have any questions, problems or concerns.

James C. Farmer, MD

/fs



PHYSICIAN'S REPORT FOR CLAIM OF  
DISABILITY DUE TO PHYSICAL IMPAIRMENT

Patient's Name: Steven Alfano  
Patient's Address: 3800 Woodo Avenue  
Bronx, Ny 10463  
099-44-9648

Dear Doctor

Please answer each of the following questions about the patient. They concern the patient's claim of entitlement to disability benefits under the Social Security Act. Since this form will be used by the Social Security Administration in deciding if the patient is disabled, please make sure that it is legible and that every question is answered completely. If a question is not applicable to the patient, please do indicate.

1. Give first and last dates of treatment and the average frequency of treatments.

5/15/96 and 2/4/02

2. Describe in detail the patient's symptoms (complaints, including pain).

Left Leg pain and numbness with  
associated back pain.

3. Describe in detail the patient's signs (clinical findings).

① Straight leg raise

Weakness on walking on toes

4. Give the laboratory tests and results.

MRI ① for L5 S1 Spondylosis with  
L5 nerve root Impingement + Stenosis

5. Diagnoses. L5 S1 Spondylosis with Stenosis  
and Radiculopathy

6. Prognosis poor

7. Have any of the patient's medical conditions lasted or can any be expected to last at least twelve months?

Yes X No       

8. Does the patient have to lie down during the day?

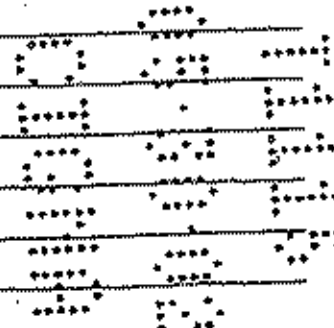
Yes X No        If yes, for how long and for what

reasons? 1/2 hr - 2 hrs two to three times

per day

9. Describe the treatment the patient has received.

Physical Therapy  
Epidural injection  
Anti inflammatory



10. Give the medications prescribed for the patient, including the dosage.

OTC USAIDS + 50mg Vioxx (7/31/00)

Do any of the medications have any side effects or limit the patient's activities?

Yes

No ☒

If yes, explain.

11. Does or could any condition cause the patient pain?

Yes ☒

No

If yes, explain

See above

If yes, does any medication affect the patient's pain and how does it affect the pain?

temporary decrease in pain

12. Please answer each question by estimating the degree of the patient's ability to do the following on a daily basis.

(a) The patient can:

(i) Sit up to 20 minutes continuously and a total of 2 hours in an 8-hour workday;

(ii) Stand up to 15 minutes continuously and a total of 2 1/2 hrs in an 8-hour workday;

(iii) Walk up to 1 block continuously and a total of 1 hour in an 8-hour workday;

(b) During an entire 8-hour workday:

(i) The patient can lift (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	( )	( )	( )	( )
6-10	( )	( )	( )	( )
11-20	( )	( )	( )	( )
21-25	( )	( )	( )	( )
26-50	( )	( )	( )	( )
51-100	( )	( )	( )	( )

(ii) The patient can carry (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	( )	( )	( )	( )
6-10	( )	( )	( )	( )
11-20	( )	( )	( )	( )
21-25	( )	( )	( )	( )
26-50	( )	( )	( )	( )
51-100	( )	( )	( )	( )

(iii) The patient can:

	Not at all	Occasionally	Frequently	Continuously
Bend	( )	( )	( )	( )
Squat	( )	( )	( )	( )
Crawl	( )	( )	( )	( )
Climb	( )	( )	( )	( )
Reach	( )	( )	( )	( )

\*Occasionally equal 1% to 33%, frequently equals 34% to 66% continuously equals 67% to 100%.

(v) The patient can use hands for repetitive action such as:

	Simple Grasping	Pushing and Pulling of Arm Controls	Manipulation
Right	( <input checked="" type="checkbox"/> ) Yes ( ) No	( <input checked="" type="checkbox"/> ) Yes ( ) No	( <input checked="" type="checkbox"/> ) Yes ( ) No
Left	( <input checked="" type="checkbox"/> ) Yes ( ) No	( <input checked="" type="checkbox"/> ) Yes ( ) No	( <input checked="" type="checkbox"/> ) Yes ( ) No

(v) The patient can use feet for repetitive movements, as in pushing and pulling of leg controls:

Right	Left	Both
( <input checked="" type="checkbox"/> ) Yes ( ) No	( <input checked="" type="checkbox"/> ) Yes ( ) No	( <input checked="" type="checkbox"/> ) Yes ( ) No

13. The patient has restrictions in activities involving:

	None	Mild	Moderate	Total
Unprotected heights	( )	( <input checked="" type="checkbox"/> )	( )	( )
Being around moving machinery	( )	( <input checked="" type="checkbox"/> )	( )	( )
Exposure to marked changes in temperature and humidity	( <input checked="" type="checkbox"/> )	( )	( )	( )
Driving a motor vehicle	( <input checked="" type="checkbox"/> )	( )	( )	( )
Exposure to dust, fumes & gases	( <input checked="" type="checkbox"/> )	( )	( )	( )

14. This question applies only if its number is circled. The Social Security Administration has established what is called a "Listing of Impairments." If an individual's impairment is either listed or is determined to be medically the equivalent of a listed impairment, the individual is deemed to be disabled. Attached is a copy of that portion of the Listing of Impairments that relates to the patient's complaints. Does the patient have an impairment that meets or equals the Listings of Impairments?

If yes, explain



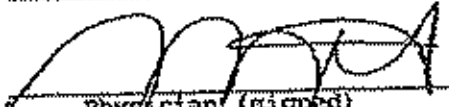
15. Can the patient travel alone on a daily basis.

(a) By bus? Yes ☒ No ☐

(b) By subway? Yes ☒ No ☐

16. Other comments

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\_\_\_\_\_  
Physician (signed)

Date 2-7-08

Michael M. Alexiades MD  
\_\_\_\_\_  
Physician (print name)

159 East 74th St NY, NY 10021  
\_\_\_\_\_  
Address

212-734-1288  
\_\_\_\_\_  
Telephone Number

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PHYSICIAN'S REPORT FOR CLAIM OF  
DISABILITY DUE TO PHYSICAL IMPAIRMENT

Patient's Name: Shawn Allen  
 Patient's Address: 2805 Weldon Avenue  
Brooklyn, NY 11212

SSN 099-44-9642

DEAR DOCTOR Ken R. Roth, M.D.

Please answer each of the following questions about the patient. They concern the patient's claim of entitlement to disability benefits under the Social Security Act. Since this form will be used by the Social Security Administration in deciding if the patient is disabled, please make sure that it is legible and that every question is answered completely. If a question is not applicable to the patient, please so indicate.

1. Give first and last dates of treatment and the average frequency of treatments.

for last year 7/06/00 was Dr. Robert Salter for one 2/1/00

2. Describe in detail the patient's symptoms (complaints, including pain).

On June last year a treatment with pain induced due to  
lowering 7/00 occasionally own 7/00

3. Describe in detail the patient's signs (clinical findings).

(B) Round, movable, 1.5  
 1.5 x 1.5 cm, 1.5 cm  
 at 1.5 cm  
 (B) 1.5 cm, 1.5 cm, 1.5 cm

4. Give the laboratory tests and results.

1.5 cm, 1.5 cm, 1.5 cm

5. Diagnosis: 1.5 cm, 1.5 cm, 1.5 cm

6. Prognosis

unlikely or improve without surgery

7. Have any of the patient's medical conditions lasted or can any be expected to last at least twelve months?

Yes no No no

8. Does the patient have to lie down during the day?

Yes no No no If yes, for how long and for what reasons?

1/2 to 2 hours up to 3 times daily

9. Describe the treatment the patient has received.

physical therapy  
epidural injections  
nerve blocks  
hormones

10. Give the medications prescribed for the patient, including the dosage:

no meds

Do any of the medications have any side effects or limit the patient's activities?

Yes no No if yes, explain:

11. Does or could any condition cause the patient pain?

Yes if No if yes, explain

the surgery on his right hand

If yes, does any medication affect the patient's pain and how does it affect the pain?

no meds on his right hand

12. Please answer each question by estimating the degree of the patient's ability to do the following on a daily basis.

(a) The patient can:

(i) Sit up to 20 min continuously and a total of 2 hrs in an 8-hour workday;

(ii) Stand up to 15 min continuously and a total of 1 hr in an 8-hour workday;

(iii) Walk up to 1 1/2 miles continuously and a total of 1 mi in an 8-hour workday;

(b) During an entire 8-hour workday:

(i) The patient can lift (pounds):

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>
Up to 5	(X)	(✓)	( )	( )
6-10	(X)	( )	( )	( )
11-20	(X)	( )	( )	( )
21-25	(X)	( )	( )	( )
26-50	(X)	( )	( )	( )
51-100	(X)	( )	( )	( )

(ii) The patient can carry (pounds):

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>
Up to 5	(X)	(✓)	( )	( )
6-10	(X)	( )	( )	( )
11-20	(X)	( )	( )	( )
21-25	(X)	( )	( )	( )
26-50	(X)	( )	( )	( )
51-100	(X)	( )	( )	( )

(iii) The patient can:

	<u>Not at all</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>
Bend	(X)	( )	( )	( )
Squat	(X)	( )	( )	( )
Crawl	(X)	( )	( )	( )
Climb	(X)	( )	( )	( )
Reach	(X)	( )	( )	( )



\*Occasionally equal 2% to 33%, frequently equals 34% to 66% continuously equals 67% to 100%.

(v) The patient can use hands for repetitive action such as:

	Simple Grasping	Pushing and Pulling of Arm Controls	Manipulation
Right	( ) Yes ( ) No	( / ) Yes ( ) No	( / ) Yes ( ) No
Left	( / ) Yes ( ) No	( / ) Yes ( ) No	( / ) Yes ( ) No

(v) The patient can use feet for repetitive movements, as in pushing and pulling of leg controls:

Right	Left	Both
( / ) Yes ( ) No	( / ) Yes ( ) No	( / ) Yes ( ) No

13. The patient has restrictions in activities involving:

	None	Mild	Moderate	Total
Unprotected heights	( )	( / )	( )	( )
Being around moving machinery	( )	( / )	( )	( )
Exposure to marked changes in temperature and humidity	( / )	( )	( )	( )
Driving a motor vehicle	( / )	( )	( )	( )
Exposure to dust, fumes & gases	( )	( )	( )	( )

14. This question applies only if its number is circled. The Social Security Administration has established what is called a "listing of impairments." If an individual's impairment is either listed or is determined to be medically the equivalent of a listed impairment the individual is deemed to be disabled. Attached is a copy of that listing or the listing of impairments that relates to the patient's complaints. Does the patient have an impairment that meets or equals the listings of impairments?

If yes, explain

1.05

[C]

15. Can the patient travel alone on a daily basis:

(a) By bus? Yes ✓ No         
(b) By subway? Yes ✓ No       

16. Other comments

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\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Signature]  
Physician (signed)

Date 2/12/02

Karel Ruzick  
Physician (print name)

505 E 74th St NY NY 10022  
Address

212 746 2379  
Telephone Number

0 9 4  
8 8 6  
5 5 5  
5 5 5

**PHYSICIAN'S REPORT FOR CLAIM OF  
DISABILITY DUE TO PHYSICAL IMPAIRMENT**  
SSN: 099-44-9648

Patient's Name: Steven Alfano  
Patient's Address: 3800 Waldo Avenue  
Bronx, New York 10463

Dear Doctor Alexiades:

Please answer each of the following questions about the patient. They concern the patient's claim of entitlement to disability benefits under the Social Security Act. Since this form will be used by the Social Security Administration in deciding if the patient is disabled, please make sure that it is complete and that every question is answered completely. If a question is not applicable to the patient, please so indicate.

1. Give first and last dates of treatment and the average frequency of treatments.

5/15/96 through 1/31/01

2. Describe in detail the patient's symptoms (complaints, including pain).

① leg pain and numbness with associated back pain